

Wisconsin Department of Regulation & Licensing

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1400 E. Washington Avenue
Madison, WI 53703
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Website: <http://www.drl.state.wi.us>

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE CERTIFICATE TO ADMINISTER LOCAL ANESTHESIA

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

School Name: _____

School Address: _____

Course Title: _____
(City)/(State)

Date Course Completed: _____
month/day/year

Wisconsin Dental Hygiene
License Number: _____

APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- A Copy of Current CPR Certificate (front and back)
- A Local Anesthesia Certificate of Completion from an Accredited Dental or Dental Hygiene School (Form #2457)
- Certification of Inferior Alveolar Injection (Form 2458) (Applicable only if injection was given under dentist supervision and not during coursework)

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Dentistry Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of

_____, _____

Notary Public _____

State _____

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

#2455 (7/03)

Ch. 447, Stats.

SEAL